

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000004692 (9)**

1. Corporation Name

SCANDINAVIAN LAMPS MFG. CORP.



Principal Place of Business

**PO BOX 1927
ST. AUGUSTINE FL 32085**

Mailing Address

**PO BOX 1927
ST. AUGUSTINE FL 32085-1927**

3. Date Incorporated or Qualified

09/12/1994

3a. Date of Last Report

04/08/1996

4. FEI Number

13-2988393

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25. 29. 30. 9. Name and Address of Current Registered Agent

**MORA, JAME
1965 STATE ROAD 16
ST. AUGUSTINE FL 32084**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person named in Block 9, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1. CPST
NAME: GUARRERA, JACQUELINE B
STREET ADDRESS: 31 LENOX RD
CITY-STATE-ZIP: ROCKVILLE CENTRE N

13.1. TITLE Change Addition

12.2. DELETE

13.2. NAME

12.3. DELETE

13.3. STREET ADDRESS

12.4. DELETE

13.4. CITY-STATE-ZIP

12.5. DELETE

13.5. TITLE Change Addition

12.6. DELETE

13.6. NAME

12.7. DELETE

13.7. STREET ADDRESS

12.8. DELETE

13.8. CITY-STATE-ZIP

12.9. DELETE

13.9. TITLE Change Addition

12.10. DELETE

13.10. NAME

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13.11. STREET ADDRESS

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13.14. NAME

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13.15. STREET ADDRESS

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13.18. NAME

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13.19. STREET ADDRESS

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13.23. STREET ADDRESS

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13.94. NAME

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13.95. STREET ADDRESS

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13.96. CITY-STATE-ZIP

12.97. DELETE

13.97. TITLE Change Addition

12.98. DELETE

13.98. NAME

12.99. DELETE

13.99. STREET ADDRESS

12.100. DELETE

13.100. CITY-STATE-ZIP

SIGNATURE:

Jacqueline Bosch Guarera (Jacqueline Bosch GUARRERA) 904-824-8893
516-591-7044
3/15/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0020068

CRZE034 (9/96)